



Clallam County Board of Health

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May 16, 2008

Ms. Andy Jordan
Health Resources and Services Administration,
Department of Health and Human Services,

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A, C, D, E

Issues: 29
30, 9, 37, 32, 41
10, 34, 28, 3, 26
Source: 15

Re: Proposed Rule: Designation of Medically Underserved Populations (MUP) and Health Professional Shortage Areas (HPSA)

Dear Ms. Jordan:

Thank you for the opportunity to review and comment on the proposed rule regarding the designation of MUPs and HPSAs. As the Board of Health for Clallam County, we have carefully reviewed proposed changes to the rule with special attention to its potential impacts on vulnerable populations on Washington State's Olympic Peninsula. We have also reviewed the comments of the Washington State Department of Health's Office of Community and Rural Health and supplementary information provided by HRSA in conjunction with the extension of the comment period.

We appreciate clarifications provided by HRSA and assurances that current Community Health Center designations in Washington state will not be adversely impacted by the rule changes. We are aware of no similar assurances that current Rural Health Clinic (RHC) designations will be maintained or that eligibility for the 40 different federal programs that use HPSA or MUP criteria will be unaffected.

The intent of the rule changes – simplification, improved characterization of community health care needs, and more accurate prioritization of these needs are admirable. Unfortunately, the proposed rule appears to bring new complexity to the HPSA/MUP designation process and will likely impose new costs on local and state agencies. Use of national data would be an efficient solution if a reliable system existed to collect and validate that data on a regular basis. Lacking such a system, data is gathered from a variety of sources and is notoriously inaccurate. Among the new costs to local agencies will be the need to collect accurate local provider and population data to replace inaccurate federal estimates.

Developing a "simplified" HPSA/MUP designation process to determine eligibility for 40 different federal programs may not be a realistic goal. Changing the designation process without simultaneously reforming and consolidating the various federal programs invites a variety of unintended consequences. For example, community members and health professionals in Clallam County have responded to the growing numbers of uninsured and underinsured community members by setting up part-time health clinics staffed by

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volunteer nurses and health care providers. These unpaid, licensed professionals will apparently count as "non federal" providers and impair eligibility for shortage area designation. Likewise, physicians and mid-level practitioners working in RHC sites will be counted as part of the existing health care provider base.

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Clallam County shares many of the health care access problems experienced by other rural counties (unemployment, dispersed population, health professional recruitment and retention problems) plus the added challenge of a burgeoning Medicare-eligible population (in 2006 22.1% of the population was 65 years of age or older). Western Clallam County has long depended on its geographic HPSA designation to assist in the recruitment and retention of health professionals and to pursue cost-based reimbursement for the health services provided. Proposed changes in the federal rules may result in loss or downgrade of this designation. Elsewhere in Clallam County, once adequate levels of primary care and specialty providers have succumbed to the increasing urban-rural maldistribution of health care professionals. This has resulted in designation of these areas as low income HPSAs and allowed Rural Health Clinic status for pediatric, obstetrical, and primary care providers in the Port Angeles area. It is uncertain how these designations might be impacted.

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Access to quality health care is a growing crisis in rural America and is acutely felt on Washington State's Olympic Peninsula. The existing system for designation of shortage areas has allowed communities to cobble together fragile health care delivery systems out of the dozens of different federal programs that have been created to address this crisis. One of the first, and most important, lessons medical students are taught is the ancient dictate Primum Non Nocere (First, Do No Harm). We urge HRSA to follow this same time honored advice when considering its proposed rules for designating and prioritizing health care professional shortage areas. We applaud your analysis of potential impacts to existing Community Health Centers and urge you to apply this same approach to potential impacts to Rural Health Clinic designation, loan repayment programs, National Health Service Corps recruitment and the many other federal programs that depend on these designations. While we accept that the intent of rule revision is to improve the current system, extreme caution must be exercised that rule changes do no harm to the underserved populations they are designed to protect. The fragile system that provides care to the uninsured and those with publicly sponsored health insurance (Medicare, Medicaid, TriCare) can be easily destabilized by rule changes that decertify existing designations. And that will cause a true harm to those who depend on these systems to meet their health care needs.

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Sincerely,

Clallam County Board of Health

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